

## Arkansas Workforce Investment Board (AWIB) Exhibitor Agreement

**Instructions: Complete all requested information. Sign, date, and mail check payable to the Arkansas Association of Development Organizations, c/o DeJuana Lindsey (AWIB), P.O. Box 2981, Little Rock, AR 72203.**

The Arkansas Workforce Investment Board (AWIB), the undersigned organization (Exhibitor), and the Doubletree Hotel Salon D (Exhibit site) agree as follows:

1. Space will be provided on a first-come, first-serve basis. Exhibitor accepts AWIB's offer and requests the following booth(s) according to the enclosed diagram:

Exhibitor desires a total of \_\_\_\_ booth(s) at \$150 per booth, for a total of \$\_\_\_\_\_ payment due no later than September 1, 2008.

Signed contract and fee must be received by September 1, 2008 in order to reserve exhibit space. You may fax your contract to contact DeJuana Lindsey at 501.683.5858 or [DeJuana.Lindsey@arkansas.gov](mailto:DeJuana.Lindsey@arkansas.gov). If you need to discuss booth locations, special sponsorships, or special needs such as large equipment, please contact Ms. Lindsey at (501) 683-5347.

2. Please state your company's expertise \_\_\_\_\_

(Circle One)

Will you use our table? (yes or no)

Will you use your own freestanding display? (yes or no)

Do you need electricity from the Doubletree Hotel? (yes or no)

Exhibitor understands there could be other charges for electrical power, telephone, audio-visual equipment, special decorations, shipping and storage/handling.

3. Names of organization representative(s) attending booth. **(Each booth fee entitles you to one conference registration.)**

Please print or type the names and titles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Exhibitor will accept booth space as determined by the AWIB.
5. Exhibitor may cancel the agreement and receive a refund, if written request is received by September 15, 2008.
6. AWIB reserves the right to refuse any exhibit or Exhibitor and further reserves the right to dismantle any exhibit or bar any Exhibitor for breach of this agreement, or for cause.
7. Exhibitor will submit a check in the amount of \$150.00 by September 01, 2008 made payable to **the Arkansas Association of Development Organization**. Exhibitor understands that if payment is not received by September 5, 2008 this agreement is void.

Please print or type organization name and attach your company's logo as you wish it to appear on signage or conference materials:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please copy agreement and return original along with payment to the Arkansas Workforce Investment Board at the address listed above in the Instructions section.**